

**REGISTRATION FORM - - Please complete and return PROMPTLY**

**NAME:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**OETracker # (for USA OD CE credit):** \_\_\_\_\_ **TELEPHONE #:** \_\_\_\_\_

**CHECK BELOW:**

- PRESENTER -- \$195**     **NON-PRESENTER -- \$225**    (Registration fee includes Saturday dinner & Sunday brunch)  
 **RESIDENT or STUDENT -- FREE - Meals NOT included**

**MEAL TICKETS for guests, residents, or students:**

**SATURDAY DINNER - \$40:** \_\_\_\_\_ (**# of tickets**)

**SUNDAY BRUNCH ---- \$50:** \_\_\_\_\_ (**# of tickets**)

**PLEASE NOTE:**

- \* Registration fee is for ALL Optometrists
- \* Meal tickets will be available on site for guests, residents, and students.

**MAIL TO:** KISS c/o Dr. Jeffrey Kraskin—4600 Massachusetts Ave, NW—Washington, DC 20016-2362—USA